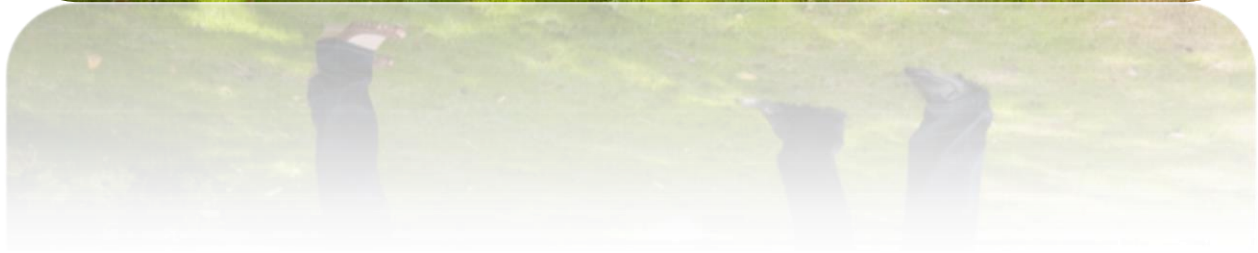


Missouri MIECHV CQI Plan

Continuous Quality Improvement Plan for
DHSS Maternal and Child Health Home Visiting



Missouri Department of Health and Senior Services
April 2017

Contents

MISSOURI MIECHV PROGRAM CQI ORGANIZATIONAL SYSTEM AND SUPPORT	5
<i>Figure 1: CQI Process Organizational Overview</i>	6
<i>LIA Engagement in the CQI Process</i>	7
<i>LIA Management Support of Direct Involvement in CQI Activities</i>	7
<i>Home Visiting Participant Inclusion on CQI Teams.....</i>	7
<i>Table 1: Local Implementing Agency (LIA) CQI Participation List and Topics of Focus</i>	8
<i>Table 2: Missouri MIECHV Program (State) CQI Personnel Listing and Allocation of Resources and Staff Time</i>	9
<i>Missouri MIECHV Program (State) Commitment to the CQI Process</i>	10
TRAINING, TECHNICAL ASSISTANCE, AND USING DATA TO INFORM THE CQI PROCESS..	10
<i>Data Systems, Collection, and Reporting at Local Level for CQI Purposes</i>	10
<i>Training, Technical Assistance, and Coaching to Strengthen CQI Competencies at the LIA Level.....</i>	11
<i>Training and Coaching to Strengthen CQI Competencies at the State Level.....</i>	12
<i>Ongoing Support for Training and Technical Assistance Using CQI Data for Improvement</i>	12
<i>Training and Technical Assistance to Foster a Reflective Practice Environment and Learning Based on Data</i>	12
<i>Table 3: Training and Technical Assistance to Foster a Reflective Practice Environment and Learning Based on Data</i>	13
TOOLS TO SUPPORT THE CQI PROCESS	14
CQI ORGANIZATIONAL CHALLENGES.....	14
<i>Table 4: Missouri MIECHV Program CQI Organizational Challenges.....</i>	15
CQI MISSION	15
<i>State Priority Focus 1: Increase Client Retention and Justification for Topic of Focus.....</i>	16
<i>Table 5: State Priority Focus 1: Increase Client Retention – Base and Target Data.....</i>	16
<i>Table 6: State Priority Focus 1: Increase Client Retention – LIA S.M.A.R.T. Aims and Strategies.....</i>	17
<i>State Priority Focus 2: Complete Post-Enrollment and Age Forms within Valid Time Frames and Justification for Focus on Topic of Focus</i>	18
<i>Table 7: State Priority Focus 2: Complete Post-Enrollment and Age Forms within Valid Time Frames - Baseline and Target Data.....</i>	19
<i>Table 8: State Priority Focus 2: Complete Post-Enrollment and Age Forms within Valid Time Frames - LIA S.M.A.R.T. Aims and Strategies</i>	20
DISSEMINATION OF SUCCESSFUL CQI ACTIVITIES BEYOND THE ORIGINAL SITE	21

MONITORING AND ASSESSMENT OF PROGRESS.....	22
<i>Table 9: Previously Completed CQI Projects</i>	23
APPENDIX 1: CQI Meeting Activity Log	24
APPENDIX 2: CQI Storyboard	25
APPENDIX 3: CQI Project Plan.....	26
APPENDIX 3: (Continued): CQI Project Plan	27
APPENDIX 3: (Continued): CQI Project Plan	28
APPENDIX 4: CQI Storyboard 2	29

MISSOURI MIECHV PROGRAM CQI ORGANIZATIONAL SYSTEM AND SUPPORT

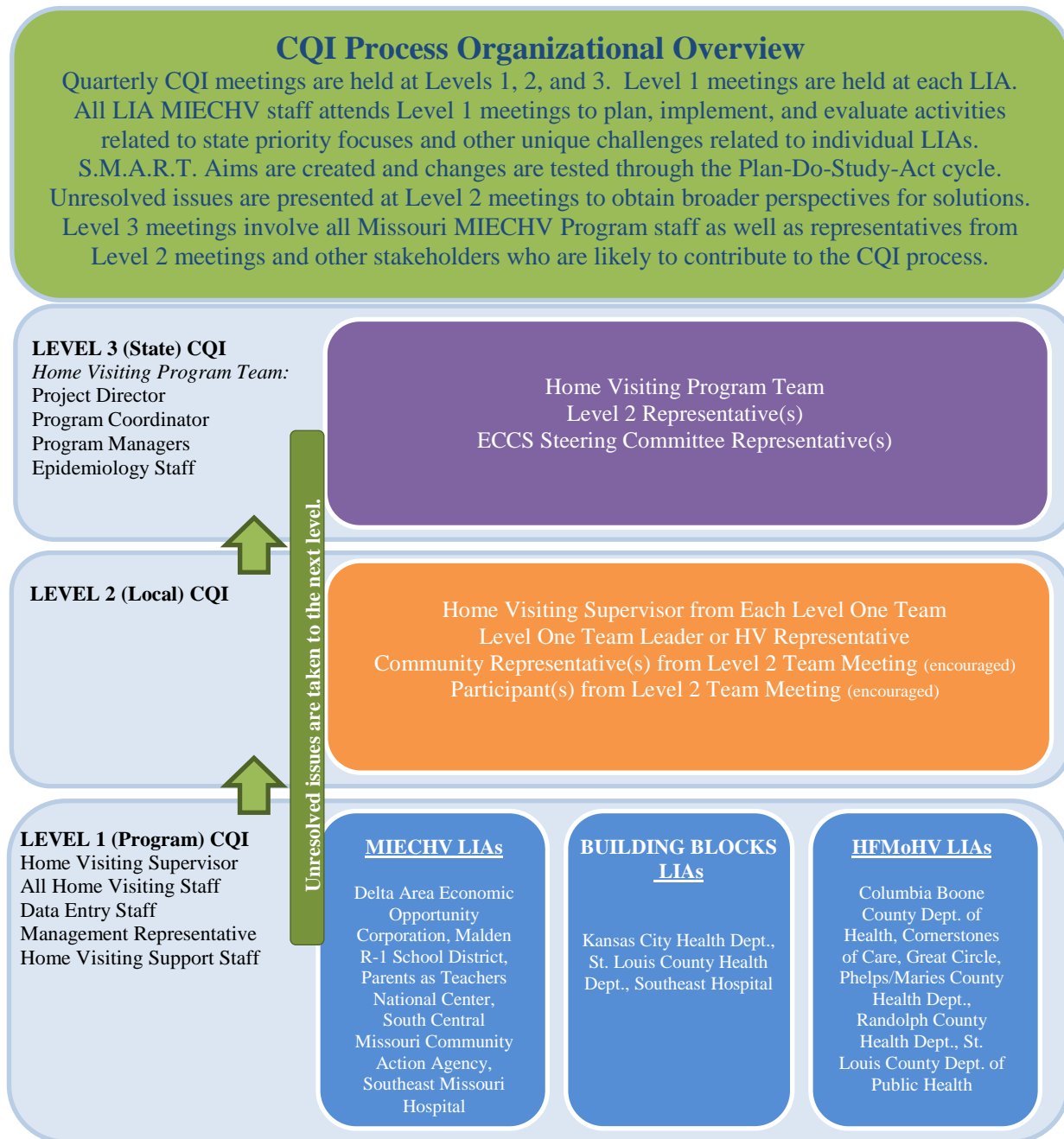
The Missouri Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program staff (i.e., state grantee staff) and staff from the five MIECHV local implementing agencies (LIAs) conducts Continuous Quality Improvement (CQI) processes to evaluate the effectiveness of home visiting services administered by the Missouri Department of Health and Senior Services (DHSS).

Every individual involved in MIECHV home visiting at the LIA level, including home visitors, supervisors, data management staff, and program administrators, participate in quarterly Level 1 CQI meetings and in ongoing CQI activities such as data collection, the development of LIA-specific S.M.A.R.T. (Specific, Measureable, Attainable, Relevant, and Timely) Aims centered around annual state priority focuses, and the implementation of Plan-Do-Study-Act (PDSA) cycles to test changes designed to positively impact those aims. CQI allows LIAs to engage in reflective practice through the examination of site-specific activities and performance data to create improvements in program planning and implementation.

LIAs engage in the local CQI process on a quarterly basis through Level 1 (Program) CQI meetings. Approximately one month later, Level 2 (Community) CQI meetings are held with leadership representation from the Level 1 meetings as well as community and home visiting participants. In the following month, Level 3 (State) CQI meetings are held with leadership representation from Level 2, the Missouri MIECHV Program staff, as well as other stakeholders. A description of the multi-tiered, solution-focused, CQI process is fully described in the *Missouri Home Visiting CQI Handbook* (on page 6) and a brief overview is provided in Figure 1.

In addition to the *Missouri MIECHV CQI Plan*, the Missouri MIECHV Program utilizes the *Missouri Home Visiting CQI Handbook* to provide a detailed description of the activities, tasks, and responsibilities of team members from Levels 1 through Level 3. The *Handbook* also details the process for completing PDSA Cycles and developing S.M.A.R.T. Aims. Annual CQI Cycle Calendars are also included in the *Handbook*.

Figure 1: CQI Process Organizational Overview



LIA Engagement in the CQI Process

Providing adequate resources and communicating regularly with LIA leadership encourages active participation of the LIAs in the CQI process. The Missouri MIECHV Program provides support to LIA staff during monthly update calls where CQI progress is an ongoing agenda item. Additionally, LIAs will have an opportunity for increased engagement with other LIAs in Missouri while working toward similar S.M.A.R.T. Aims related to the identified annual state priority focus.

LIA Management Support of Direct Involvement in CQI Activities

LIA Management supports CQI activities and the CQI process in numerous ways. LIA management serve on the Level 1 CQI Team and the Level 1 Leader or Home Visiting Representative attends Level 2 CQI meetings to move issues to a higher level for discussion and solution seeking. LIA's home visiting supervisors and some agency administrators participate in monthly calls with Missouri MIECHV Program where data quality reports and CQI activities are discussed. LIA management utilizes the *Quality Outlook* CQI Newsletter to guide Level 1 CQI Team meetings and respond to Action Alerts within the newsletter. CQI projects are integrated into the work of LIA management, home visiting supervisors, home visitors and data management staff.

Home Visiting Participant Inclusion on CQI Teams

In addition to LIA staff participating in the CQI process at the local level, LIAs are encouraged to seek input from home visiting participants, when appropriate. Figure 1 shows that home visiting participant representation from every region is encouraged at Level 2 CQI meetings. Home visiting participant input is received through the annual Missouri MIECHV Program client satisfaction survey. LIAs can use feedback from this survey to develop change ideas for testing and to guide program development.

The roles of all Missouri MIECHV-associated State and LIA staff are shown in Tables 1 and 2.

Table 1: Local Implementing Agency (LIA) CQI Participation List and Topics of Focus

LOCAL IMPLEMENTING AGENCY (LIA) CQI PARTICIPATION LIST AND TOPICS OF FOCUS			
LIA Name	CQI Team Members	Team Member Involvement	CQI Topics of Focus
Delta Area Economic Opportunity Corporation (DAEOC-EHS)	Kendra Myers, HBO Coordinator; Edna Earl, HV; Barbara Combs, HV; Tiffany Copley, HV; Ashley Stout, HV; Sheena Eagle, HV; Alisa Taylor, HV	All LIA staff associated with the MIECHV program, including home visitors, supervisors, data management staff, program administrators, and administrative support participate in quarterly Level 1 CQI meetings. Additionally, team members plan, implement, and evaluate activities related to state priority focuses and other unique challenges related to individual LIAs.	State priority focuses are increased client retention and completion of all post-enrollment and age forms within valid time frames.
Malden R-1 School District (Malden-PAT)	Jackie Cohen, Supervisor; Teresa Brown, Data Support; Gwen Holloway, HV; Patti Phelps, HV		
Parents as Teachers National Center	Staff To Be Determined (TBD)		
South Central Missouri Community Action Agency (SCMCAA-EHS)	Sara Bell, HBO Supervisor; Lori Stidham, HV; Tasha Brandon, HV; Elizabeth Baker, HV; Amy Venable, HV; Rebecca Ogden, HV; Jessica Spencer, HV; Rebecca Taylor, HV; Lisa Montgomery, HV; Theresa Elliot, HV; Sonya Luye, HV; Scotti Rushin, HV; Nadine Geer, HV; Stacey Stotts, HV;	LIA staff creates S.M.A.R.T. Aims and test changes through the PDSA cycle.	Additionally, each LIA has opportunities to identify unique challenges related to program implementation and quality during their quarterly Level 1 CQI meetings in which all LIA staff are required to participate.
Southeast Missouri Hospital (SEMO-NFP)	Barb Gleason, RN, Supervisor; Bobbie Hayes, RN, HV; Cara Johnson, RN, HV; Rebecca Burger, RN, HV; Nicki Kraust-Schmitt, Admin Asst; Paula Kitchens, RN, HV; Teresa Campbell, RN, HV; Theresa Glastetter, RN, HV; Vicki Schnurbusch, RN, Director of Home Care	Level 1 CQI Teams submit their PDSA cycle activities to Missouri MIECHV Program staff in a Storyboard format.	
		Each Level 1 CQI Team also has a leader, facilitator, and scribe, who serve in that capacity for a one-year period to guide the direction of the group and record activities. One Level 1 member also attends Level 2 CQI meetings.	
<i>Note: Per the Missouri Home Visiting CQI Handbook (pages 7-8), LIAs encourage participation from currently and previously enrolled families for participation in Level 2 CQI meetings. Level 1 CQI meetings are reserved for LIA staff only to allow staff to address sensitive issues which may involve confidential client information, without external influences.</i>			
<i>Justification for Topics: See the section on “State Priority Focus 1: Increase Client Retention and Justification for Topic” and “State Priority Focus 2: Complete Post-Enrollment and Age Forms within Valid Time Frames and Justification for Topic”.</i>			

Table 2: Missouri MIECHV Program (State) CQI Personnel Listing and Allocation of Resources and Staff Time

MISSOURI MIECHV PROGRAM (STATE) CQI Personnel Listing and Allocation of Resources and Staff Time			
State Personnel	CQI Experience	CQI Participation	Staff Time for CQI
Melinda Kirsch, BS, Coordinator of Children's Programs	Local level CQI experience with EHS local agency, trained by interim DHSS CQI State Lead, trained by previous DHSS CQI Level 3 Scribe	Assist all LIAs with conducting Level 2 CQI Team meetings, participate on Level 3 CQI Team, maintain the <i>MO Home Visiting Gateway</i> website, editor of <i>Quality Outlook</i> HV CQI newsletter, serve as Level 3 CQI Team Meeting Scribe (maintain and report meeting minutes), conduct monthly TA calls with DAEOC-EHS/SCMCAA-EHS/Malden-PAT, consult with program managers on CQI issues, review Level 1 and Level 2 CQI Team meeting minutes and activity logs	.50
Christina Elwood, BA, HV Program Coordinator	1 year's experience on Level 3 CQI Team, CQI facilitator, and 6 months of Level 3 CQI Team leader, 24 years' experience in public health	Participate on Level 3 CQI Team, review <i>MO Home Visiting Gateway</i> website content, Level 3 CQI Team Facilitator, review Level 1 and Level 2 CQI Team meeting minutes and activity logs	.15
Angela Oesterly, MEd, MIECHV Project Director	8 months' experience on Level 3 CQI Team, participation on Child Safety CoIN utilizing the CQI process, MEd Early Childhood Education, BS Business Administration, 7 years' experience in public health	Participate on Level 3 CQI Team, review <i>Quality Outlook</i> HV CQI newsletter content, state priority focus data analysis, Project Director, Level 3 CQI Team Leader, prepare agenda for Level 3 CQI Team meeting	.15
Beth Stieferman, Public Health Consultant Nurse	Over 30 years in public health, support of LIAs in CQI with MO MIECHV since implementation in 2012, 4 years' experience on Level 3 CQI Team	Assist NFP programs with CQI process, participate on Level 3 CQI Team, assist with maintenance of <i>MO Home Visiting Gateway</i> website, conduct monthly TA calls with SEMO-NFP and STLDPH-NFP	.10
Praveena Ambati, MD, MPH, Senior Epidemiology Specialist	Level 3 CQI Team Member, Sr. Epidemiologist Specialist providing support to MO MIECHV since 2015, over 8 years in public health, MPH	Participate on Level 3 CQI Team, analysis of state priority focus data, participate on monthly TA calls with DAEOC-EHS/SCMCAA-EHS/Malden-PAT/ SEMO-NFP and STLDPH-NFP	.10
Karen Harbert, MPH, Epidemiology Specialist	Level 3 CQI Team Member and Scribe, Epidemiology Specialist providing support to MO MIECHV since 2014, MPH	Participate on Level 3 CQI Team, analysis and reporting of state priority focus data, participate on monthly TA calls with DAEOC-EHS/SCMCAA-EHS/Malden-PAT/ SEMO-NFP and STLDPH-NFP	.10
Venkata Garikapaty, Ph.D., MPH, Public Health Epidemiologist	Lead Maternal Child Health Epidemiologist for the MO DHSS since 2005. Research and leadership positions in public health since 1999, oversight of MO MIECHV data collection and reporting team, MPH	Participate on Level 3 CQI Team, analysis of state priority focus data, oversee Epidemiology staff, provide consultation for data analysis and reporting of state priority focus data	.05
Holly Robinson	Over 20 years of office management experience.	Provide clerical support to Level 3 CQI Team for all duties, communicate with LIA staff	.10
Total Staff Commitment			1.25 FTE

Missouri MIECHV Program (State) Commitment to the CQI Process

Allocation of resources and staff time at the state level is supported by management and through grant funding. In addition to the commitment of Missouri MIECHV Program's staff time for the implementation of CQI, Missouri has also developed the *Missouri Home Visiting Gateway* website. This website contains CQI resources and tools that can be utilized by LIAs in the development of their S.M.A.R.T. Aims and PDSA cycles. The website hosts a calendar showing CQI-related events and professional development opportunities. CQI resources will be updated as needed on the website.

TRAINING, TECHNICAL ASSISTANCE, AND USING DATA TO INFORM THE CQI PROCESS

Data Systems, Collection, and Reporting at Local Level for CQI Purposes

Missouri MIECHV Program utilizes a web-based system into which LIA staff enters data required for reporting on performance measures. Additionally, LIAs use an independent data system for tracking model-specific requirements. Home visit data should be entered into the web-based system no later than five (5) days after the end of the month to be included in monthly data quality reporting. These monthly data quality reports are used to identify missing or incomplete data and data exceptions. The Missouri MIECHV Program conducts calls with LIAs monthly to discuss program operation, data quality, and CQI activities.

Beginning in October 2016, additional monthly reports will be provided to LIA staff regarding identified state priority measures. This monthly report will allow LIAs to analyze the effectiveness of locally implemented CQI activities. LIAs will determine at the local level additional data that will be recorded for specific PDSA cycles. This additional data may be tracked anecdotally, on a spreadsheet, through client surveys, or by other methods appropriate for the PDSA cycle. LIA staff will include the local level data or data analyses in their CQI Activity Logs which are submitted to Missouri MIECHV Program staff. ***The combination of web-based data collection and local level data collection for each PDSA cycle allows LIA staff to track progress of the changes being tested to determine if change ideas result in improvement and to determine next steps. LIAs can then confidently make a data-driven decision to adopt, adapt, or abandon the change ideas being tested.***

The plan to address the State Priority Focus for Year 1, Increasing Client Retention, was shared with LIAs through the 2017 First Quarter *Quality Outlook Newsletter*. The finalized Missouri MIECHV CQI Plan will be sent to LIAs and a conference call will be scheduled to discuss the CQI Plan and to ascertain additional resources that individual LIAs will require, as LIAs' levels of comfort with implementing PDSA Cycles vary. After the conference call with LIA supervisors, Missouri MIECHV Program staff will follow up with one-on-one technical assistance to answer implementation questions specific to individual agencies. An Adobe Connect meeting will be held to walk LIAs through the *Missouri Home Visiting Gateway* website, which contains pre-recorded webinars developed specifically to assist Missouri's LIA's in implementing CQI projects. Webinars that are currently available include: *Using the Gateway for a PDSA Project*; *Exploring the Hawthorne Effect and CQI Low-Lying Fruit*; *Fidelity 101: Assessing, Improving, Monitoring and Driving CQI Initiatives*; *CQI Project Basics: Aim Statements, Measurements and Methods*; *Process Mapping 101*; and *Using Data and Monitoring Improvement for CQI Success*. In addition to these webinars, the *Missouri Home Visiting Gateway* website contains many custom-designed CQI process and tool tutorials. Missouri

MIECHV Program staff will guide LIAs through the process of completing CQI Storyboards (Appendix 2) via the supervisors' conference call or on an individual basis, as needed.

Missouri MIECHV Program staff will not only provide technical assistance and resources on the process of designing CQI projects, but also on methods of data collection and analysis. This will be accomplished during scheduled, monthly technical assistance calls which will include the participation of the MIECHV data team, as well as calls conducted upon request of the LIAs. The webinars previously mentioned also include training on data collection methods and tools. Lastly, there are over 30 tutorials on all stages of the CQI Process, from plan development to data analysis and program evaluations that are designed specifically to assist Missouri Home Visiting LIAs successfully navigate the entire CQI process.

Training, Technical Assistance, and Coaching to Strengthen CQI Competencies at the LIA Level

Missouri MIECHV Program staff conducts monthly technical assistance calls with each LIA. Prior to the calls, Missouri MIECHV Program staff sends site-level monthly data reports to the LIAs. Utilizing site-level data to drive the local CQI process is expected to result in overall improvement in the state priority focus. In addition to discussing program operation, program managers and Missouri MIECHV Program data staff will discuss monthly CQI data reports, CQI Team activity logs documented by the LIA, and the PDSA cycles in which LIAs are engaged. During these calls, Missouri MIECHV Program staff will offer assistance in analyzing data, developing ideas for change, and other aspects of the CQI process. LIA staff will call or email their program manager for assistance between scheduled monthly calls if questions arise.

The Missouri MIECHV Program publishes a quarterly CQI newsletter, *Quality Outlook*, which provides important information, calendars, and Action Alerts. Action Alerts are assigned tasks that LIAs complete to develop PDSAs to enhance the use of reflective practice in achieving the aims of the CQI plan. LIAs are asked to contribute success stories and narratives of lessons learned to encourage and educate other LIAs and foster ideas for implementation among other agencies, based on what has been successful and challenges met in prior practice. The newsletter contains the CQI calendar for the upcoming quarter, which lists Levels 1, 2, and 3 CQI meetings.

In March 2017, the Missouri MIECHV Program will hold its annual training for all home visiting staff. To further cultivate intra-agency learning opportunities, the Missouri MIECHV Program will summarize six months' data outcome for the annual state priority focus. At this time, agencies will collaborate and assess progress related to their S.M.A.R.T. Aims and examine progress in the state priority area. LIAs will examine the data and determine if their S.M.A.R.T. Aim should be adjusted for the second half of the program year. Each LIA will be asked to share a poster highlighting a change they have tested through a PDSA cycle as well as other successes and challenges related to the CQI process. By sharing CQI successes and challenges halfway through the program year through this reflective practice exercise, LIAs will be able to garner new ideas to implement and network with staff from other LIAs, as well as from Missouri MIECHV Program staff.

Training and Coaching to Strengthen CQI Competencies at the State Level

The Missouri MIECHV Program staff will continue to seek professional development opportunities in the area of CQI through webinars, conference calls, the HRSA website, and the DOHVE team to provide ideal support for LIAs. In addition, the program will continue to partner with model developers to learn and implement new strategies for practice and systems-based learning.

Ongoing Support for Training and Technical Assistance Using CQI Data for Improvement

The coordinator for CQI activities within the Missouri MIECHV Program is Melinda Kirsch. She is responsible for planning and developing CQI training opportunities and providing technical assistance to LIAs and other Missouri MIECHV Program staff who provide technical assistance to the LIAs. Beth Stiefferman is responsible for collaborating with Ms. Kirsch to ensure that training and technical assistance is available as needed and implemented as planned. Program managers will be responsible for working directly with contracted LIAs to provide ongoing technical assistance.

Training and Technical Assistance to Foster a Reflective Practice Environment and Learning Based on Data

The Missouri MIECHV Program realizes the importance of fostering an environment of reflective practice and integrating learning based on data into training and technical assistance. Each month this practice is promoted through the distribution and review of individualized data quality reports with LIAs. Several ongoing activities, including monthly calls, Action Alerts, and Levels 1, 2, and 3 CQI Meetings provide the venue for Missouri MIECHV Program staff to support ongoing improvement in reflective practice techniques, using data as the foundation for determining if PDSA cycles have proven beneficial and whether to adopt, adapt, or abandon the tested change.

Table 3: Training and Technical Assistance to Foster a Reflective Practice Environment and Learning Based on Data

Training and Technical Assistance to Foster a Reflective Practice Environment and Learning Based on Data			
Method	Frequency	Comments	Effectiveness Indicator
Annual Home Visiting Summit; Melinda Kirsch and Beth Stieferman	Annual	March 2017 – LIAs will be presented with 6 months' summary data and progress report and participate in a poster session highlighting successes and challenges in the implementation of CQI process and PDSA cycles to promote reflective practice and systems-based learning based on quantitative and qualitative data. Reflective Supervision training is being offered at the September 2016 conference.	Individual and overall conference surveys, and the review of LIA posters
Administration of the Missouri Home Visiting Gateway website; Melinda Kirsch and Christina Elwood	Ongoing	The website provides tools and resources to assist LIAs in planning, developing, and implementing CQI processes including PDSA cycles. Links to relevant and timely recorded webinars and other upcoming training is available on the site. The website also contains tools and resources to assist with data collection and data analysis and guidance on how to effectively utilize the tools	Utilization of the website with usage counts and LIA surveys
Monthly Monitoring, Technical Assistance and Data Quality Calls; Christina Elwood, Beth Stieferman, Melinda Kirsch, Praveena Ambati, and Karen Harbert	Monthly with Individual LIAs	Program managers and Data staff schedule calls with all members of LIA staff. CQI data will be examined and technical assistance needs will be addressed to foster the reflective practice techniques of home visitors and supervisors. Model developers will participate in calls	Request for input from LIAs regarding technical assistance needs and follow-up
<i>Quality Outlook</i> CQI Newsletter, Melinda Kirsch, Christina Elwood, and Angela Oesterly	Quarterly	Newsletter includes Action Alerts, resources and articles to broaden knowledge of CQI process. Action Alerts are assigned tasks that LIAs complete to enhance the use of reflective practice in achieving the aims of the CQI plan.	Documentation submitted by LIAs in response to Action Alerts
1:1 Coaching, Angela Oesterly, Christina Elwood, Melinda Kirsch, and Beth Stieferman	Per LIA Need or Request	As needs are realized or LIA requests are made, 1:1 Coaching calls will be scheduled	Improvement in area of need and anecdotal evidence
Level 1, Level 2, and Level 3 CQI Meetings; All LIA and Missouri MIECHV Program staff will attend meetings to discuss and explore solutions to CQI challenges	Each Level is held on a quarterly basis. Level 1 Meetings are held at each LIA.	Issues which cannot be resolved at Level 1 (Program) will be moved to Level 2 (Community) and, if needed, to Level 3 (State). Cross-agency staff will explore solutions based on past experiences, engaging in reflective practice and systems-based learning	Resolution of challenges
Response to calls or emails regarding CQI processes, Melinda Kirsch	Per LIA request with response within 2 working days	Technical assistance provided will be highly individualized based upon LIA needs	Communication with LIA that issue has been resolved

TOOLS TO SUPPORT THE CQI PROCESS

Fundamental to the Missouri MIECHV Program's CQI Process is *Missouri's Home Visiting CQI Handbook*. The handbook is a tool that outlines the scope of the CQI process and defines the roles and responsibilities of every individual involved in CQI. The handbook also describes how to develop and test changes using the PDSA cycle. When developing PDSA cycles, LIAs utilize the CQI Storyboard Tool (APPENDIX 2 and APPENDIX 4) to assist them in 1) developing S.M.A.R.T. Aim Statements, 2) defining problems and change solutions (i.e., tests), 3) developing an action plan, 4) collecting and analyzing data, 5) determining next steps, and 6) defining future plans for process evaluation and lessons learned.

The Missouri Home Visiting Gateway website includes tools such as the CQI Storyboard template for the development of PDSA cycle plans and training slide shows to describe the CQI process, demonstrate how to create S.M.A.R.T. Aims and PDSA cycle plans, and how to develop process maps, pilot testing projects, and program assessments. LIAs will use CQI Activity Logs (APPENDIX 1) to document activities and experiences, and will provide these logs to their Missouri MIECHV Program staff for feedback. Additionally, the CQI coordinator and other program managers will consult individually with programs about other tools that may be appropriate for integration into LIA's CQI projects.

A sample of tools that are used by LIA staff is shown in APPENDICES 1-4.

CQI ORGANIZATIONAL CHALLENGES

The Missouri MIECHV Program has been conducting CQI activities since 2012. Meetings are held on local, community, and state levels and LIAs have been coached on creating PDSA cycles to test changes related to measures where a need for improvement has been indicated. However, some challenges are possible in the upcoming year, as indicated in Table 4.

Table 4: Missouri MIECHV Program CQI Organizational Challenges

CQI Organizational Challenges		
Challenge	Possible Solutions	T/A Needs
The CQI Coordinator for the MO MIECHV Program recently began with the state agency. As with any new staff member, there will be the challenge of becoming familiar with the MO MIECHV CQI Handbook and Plan.	An interim CQI Coordinator remains on staff and is training the new CQI Coordinator. The CQI process has been in place since 2012 and other staff members are familiar with the process to assist, where needed, as the new coordinator gains familiarity. The Missouri MIECHV Program has had a CQI Handbook since 2012 which provides great information for anyone new to the team.	We request to be informed of webinars and training appropriate for individuals at beginning and intermediate levels of familiarity with CQI. Notification of these events would benefit not only the new coordinator, but other new and less experienced staff at the state and local level.
Achieving LIA's Buy-in to Designated S.M.A.R.T. Aims. In April 2016, the Missouri MIECHV Program advised LIAs of data-driven S.M.A.R.T. Aims to work toward. Through two cycles, the Missouri MIECHV Program guided the LIA's selection of S.M.A.R.T. Aims based on data indicating where improvements were needed. During the last cycle, LIAs chose their own S.M.A.R.T. Aims. The Missouri MIECHV Program, based upon recent guidance, has elected to use similar aims across all programs based on the state priority focus.	Data indicating the need for the state priority focus will be shared with the LIAs prior to implementation of the October 1, 2016 – September 30, 2017 period focusing on the first state priority. LIAs will be informed of the benefits of working toward similar aims, such as increased availability to network and learn from others LIA's successes and challenges. There will also be an opportunity for more focused support from the Missouri MIECHV Program as LIAs will be working toward similar aims. Furthermore, LIAs that wish to focus on an additional individualized CQI area will be supported in navigating the CQI process; however, LIAs will be advised that one or two areas is optimum in order to provide opportunities for a directed focus.	The Missouri MIECHV Program would like to be advised of other states working toward the same or similar state priority focus areas. This will allow Missouri to network with those states to explore challenges and successes to provide guidance for the LIAs as they develop and implement their PDSA cycles.
Data for S.M.A.R.T. Aims is not currently reported on an ongoing basis.	The Missouri MIECHV Program recently met to discuss the collection and reporting of monthly data for the state priority focuses. A clear plan to collect, analyze, and report the data was established and implementation will occur prior to October 1, 2016.	No TA requested for this issue at this time.

CQI MISSION

The Mission of the Missouri MIECHV Program's CQI Plan is based upon the principles of the federal MIECHV program. LIAs naturally address important aspects of the federal MIECHV program by implementing home visiting services through three evidence-based home visiting models. Nurse Family Partnership, Early Head Start Home Based Option, and Parents as Teachers home visiting models each employ practices that 1) improve maternal and child health, 2) prevent child abuse and neglect, 3) encourage positive parenting practices, and 4) promote parents' understanding of child development and support school readiness. The Missouri MIECHV Program has selected two state priority focuses: 1) increase client retention and 2) increase the timeliness of completion of post-enrollment and age forms. Improvement in these state priority focus areas will help the Missouri MIECHV Program address each of the goals of the federal MIECHV program.

State Priority Focus 1: Increase Client Retention and Justification for Topic of Focus

Home visiting services provided to the particularly high-risk families enrolled in the Missouri MIECHV Program can be more effective when delivered on an ongoing basis over an extended period of time. As mothers progress through pregnancy and children develop, these evidence-based home visiting programs provide essential parent education and child assessment that help parents raise children who are physically, socially, and emotionally healthy and ready to learn. The Missouri MIECHV Program looked critically at the retention rates for participants and determined this is an area that, if improved, will positively affect outcomes for many parents and children. The Missouri MIECHV Program initiated conversations with LIA staff to obtain feedback on the perception of the importance of client retention in their local programs. The justification for the selection of this priority measure is that none of the LIAs had previously conducted a PDSA cycle to test changes to improve client retention; but LIAs stated that client retention is a *priority* and reported several practices they felt support client retention in their programs. The Missouri MIECHV Program has chosen to work with LIAs to take a closer look at client retention as a state priority focus and in doing so will assist LIAs as they conduct PDSA cycles to test strategies to increase client engagement and retention. With improvements in this area, parents and children will experience a longer duration of services, enabling additional parent education and child assessments to be conducted. Data for this focus area show current client retention over a one-year period is 71% across the five MIECHV programs, with individual LIAs' client retention rates ranging from 59% to 76%. Individual S.M.A.R.T. Aims specific to this priority focus have been identified for the five LIAs of the Missouri MIECHV Program. LIAs will conduct PDSA cycles between October 1, 2016, and September 30, 2017, to test changes for positive impact in client retention using identified strategies. Additional strategies will be implemented and fine-tuned over the one-year period for maximum positive effect in the area of client retention, and a target of a 76% one-year retention rate (7% improvement) has been established for the state.

Additional information about Baseline and Target Data and the LIA's S.M.A.R.T. Aims and strategies to impact the Missouri MIECHV Program's State Priority Focus 1 is included in Tables 5 and 6.

Table 5: State Priority Focus 1: Increase Client Retention – Base and Target Data

State Priority Focus 1: Increase Client Retention Baseline and Target Data For Period October 1, 2016 – September 30, 2017		
LIA	Baseline*	Target
DAEOC EHS	59%	66%
Malden PAT	75%	80%
SCMCAA EHS	76%	80%
SEMO NFP	72%	77%
PAT National Center	TBD	TBD
State	71%	76%
*Baseline Data: August 2015 – July 2016		

Table 6: State Priority Focus 1: Increase Client Retention – LIA S.M.A.R.T. Aims and Strategies

State Priority Focus 1: Increase Client Retention - LIA S.M.A.R.T. Aims and Strategies			
S.M.A.R.T. Aims	Changes to be Tested	Methods/Tools/ Data Collection	Data Review and Interpretation
By September 30, 2017, DAEOC EHS will increase its 12-month client retention rate from 59% to 66%.	<i>LIAs have described the following changes that can be tested to increase client retention:</i>	<i>LIAs enter home visit data into a web-based data system. The updated system will provide data validation upon entry and the Missouri MIECHV Program staff will produce monthly data quality and CQI progress reports.</i>	Monthly data quality reports and CQI progress reports on client retention will be shared and analyzed with the LIAs during monthly calls. LIAs will review PDSA cycle data on a local level.
By September 30, 2017, Malden PAT will increase its 12-month client retention rate from 75% to 80%.	Create and implement a graduation plan agreement with clients to provide a clear understanding of the path to program completion	Graduation plan template that can be individualized and signed by the home visitor and client and documentation of the number of completed plans	LIAs will plan and implement a series of PDSA cycles to test these changes. As cycles are completed, data will be used to guide future changes to test and new PDSA cycles will be developed
By September 30, 2017, SCMCAA EHS will increase its 12-month client retention rate from 76% to 80%.	Evaluate the effectiveness of incentives being offered and the clients' perceived value of alternative incentives for program participation	Documentation of incentives selected by clients and survey of perceived value of current and alternative incentives for program participation	Data review will be relevant to all LIAs. Similar S.M.A.R.T. Aims have been selected to encourage collaborative learning between LIAs
By September 30, 2017, SEMO NFP will increase its 12-month client retention rate from 72% to 77%.	Practice mutual planning of upcoming home visits between home visitor and clients to create a sense of the client's ownership in the journey to program completion	Home visit planning guide that can be given to parent to document desired learning goals, questions, and needs for resources to be shared with home visitor to plan future visits, documentation of the number of client-completed planning guides. Conduct pre/post survey to determine client perception of usefulness and relevance of home visits	Missouri MIECHV Program staff will be available to assist with the creation of PDSA cycle plans when needed and for data analysis. The data collected will be shared at Levels 1, 2, and 3 CQI meetings, between LIAs at the Annual Home Visiting Summit, and in the <i>Quality Outlook</i> CQI newsletter
By September 30, 2017, PAT National Center will establish its baseline client retention rate.			
By September 30, 2017, the Missouri MIECHV Program will increase its 12-month client retention rate from 71% to 76%.	Conduct pre-visit reminder calls or texts to ensure client is available and to provide opportunity for client to relate needs to home visitor between visits	Pre/post implementation evaluation of the number of missed visits due to client unavailability and documentation of the number of assistance requests that occur during between-visit contacts	

As LIAs complete PDSA cycles to impact State Priority Focus 1: Increased Client Retention, data will be examined to determine strategies which have been successful. Annually, the CQI Plan will be updated to include progress toward previous years' State Priority Focus. In addition, the CQI Plan will include lessons learned from strategies tested during the year. Including information on both successful PDSA Cycles and those that were not as effective will allow all LIAs learn from the experiences of other agencies.

State Priority Focus 2: Complete Post-Enrollment and Age Forms within Valid Time Frames and Justification for Focus on Topic of Focus

In addition to the improvement of client retention, the Missouri MIECHV Program has chosen to focus on improvement of the percentage of post-enrollment and age forms completed within the valid 60-day range during the second period of October 1, 2017, and September 30, 2018. The justification for this topic is that these forms are used for collecting critical home visit information when child assessment and other performance measurement data are required. Upon reviewing monthly data quality reports with LIAs, delays in conducting visits and/or the timely entering of data have been noted. A delay in 1) the collection of data and 2) reporting decreases the Missouri MIECHV Program's ability to effectively monitor and evaluate LIA's improvement and challenges in this area. When forms are not completed on schedule, the data cannot be included in Discretionary Grant Information System (DGIS) reporting, affecting performance measure outcomes. This limits the Missouri MIECHV Program's ability to provide timely evaluation and deliver needed technical assistance. Monthly monitoring calls and data quality reports will provide Missouri MIECHV Program staff opportunities to address potential deficiencies in this focus area. Data for this focus area shows that the state rate for completion of post-enrollment and age forms within the valid 60-day range is currently 68% and the state proposes to achieve a 29.4% improvement to reach 88% over a two year period. The Missouri MIECHV Program recognizes that this is an important focus area and will not delay the provision of technical assistance and other supports to begin improvements in this area. The Missouri MIECHV Program will be transitioning to a new data system which will be more user-friendly and efficient to capture these data. Automated data validation will be included in the system which will help in completing child age forms within the valid range. Additionally, Missouri MIECHV Program staff will provide and discuss improved monthly data quality reports which will assist LIAs in improving in this area. During the first year, LIAs will not be required to conduct PDSA cycles to test changes to improve this focus area, however, with the addition of the strategies noted above, improvement is anticipated. LIAs that are able to conduct PDSA cycles to test strategies for State Priority Focus 1 and State Priority Focus 2 concurrently will be supported by the Missouri MIECHV Program. Current data has been provided to establish S.M.A.R.T. Aims for this focus area, but the Missouri MIECHV Program will update these aims with current data prior to the beginning of the second focus area's PDSA cycles in October 2017 as some improvement is anticipated over the next year.

Additional information about Baseline and Target Data and the LIA's S.M.A.R.T. Aims and strategies to impact the Missouri MEICHV Program's State Priority Focus 2 is included in Tables 7 and 8.

Table 7: State Priority Focus 2: Complete Post-Enrollment and Age Forms within Valid Time Frames - Baseline and Target Data

State Priority Focus 2: Complete Post-Enrollment and Age Forms within Valid Time Frames Baseline and Target Data For Period October 1, 2017 – September 30, 2018				
LIA	Total Number of Post- Enrollment and Age Forms Completed	Total Number of Post- Enrollment and Age Forms Completed within Valid 60- day Range	Baseline*	Target
DAEOC EHS-HBO	90	47	52%	75%
Malden PAT	80	76	95%	95%
SCMCAA EHS-HBO	13	107	82%	90%
SEMO NFP	107	46	43%	75%
PAT National Center	TBD	TBD	TBD	TBD
State	419	286	68%	88%
*Baseline Data: August 2015 – July 2016 (to be updated October 1, 2017) Baseline data examined post-enrollment and age forms that reflect benchmark and construct data collection.				

Table 8: State Priority Focus 2: Complete Post-Enrollment and Age Forms within Valid Time Frames - LIA S.M.A.R.T. Aims and Strategies

State Priority Focus 2: Complete Post-Enrollment and Age Forms within Valid Time Frames - LIA S.M.A.R.T. Aims and Strategies*			
S.M.A.R.T. Aims	Changes to be Tested	Methods/Tools Data Collection	Data Review and Interpretation
By September 30, 2018, DAEOC EHS will increase the percent of forms completed within the valid 60-day range from 52% to 75%.	<i>During the first year, LIAs will not be required to test specific changes. PDSA cycle plans will be determined prior to October 1, 2017, and updated based on PDSA cycle results during the second year.</i>	<i>Training on data entry into the new web-based system will be conducted for all LIAs in September 2016.</i>	Monthly data quality reports and CQI progress reports on timely completion of post-enrollment and age forms will be shared and analyzed with the LIAs during monthly calls. LIAs will review PDSA cycle data at the local level
By September 30, 2018, Malden PAT will maintain 95% of forms completed within the valid 60-day range.	Missouri MIECHV Program staff will implement strategies to improve this state priority focus in the following ways:		LIAs will plan and implement a series of PDSA cycles to test these changes. As cycles are completed, data will be used to guide future changes to test and new PDSA cycles will be developed
By September 30, 2018, SCMCAA EHS will increase the percent of forms completed within the valid 60-day range from 82% to 90%.	Transition to a new data system which is more user-friendly and efficient to encourage more timely data entry	The Missouri MIECHV Program is transitioning to a new data system which will capture the data for this state priority focus	Data review will be relevant to all LIAs because similar S.M.A.R.T. Aims have been selected to encourage collaborative learning between LIAs
By September 30, 2018, SEMO NFP will increase the percent of forms completed within the valid 60-day range from 43% to 75%.	Inclusion of data validation in the new system to promote more accurate data entry		
By September 30, 2018, St. PAT National Center will the baseline percentage of forms completed within the valid 60-day range.	Continue to provide and improve monthly data quality reports and conduct monthly calls with LIAs to discuss data quality	Monthly data quality reports	Missouri MIECHV Program staff will be available to assist with the creation of PDSA cycle plans and for data analysis. The data collected will be shared at Levels 1, 2, and 3 CQI meetings, between LIAs at the Annual Home Visiting Summit, and in the <i>Quality Outlook</i> CQI newsletter.
By September 30, 2018, the Missouri MIECHV Program will increase the percent of forms completed within the valid 60-day range from 68% to 88%.	Design more streamlined forms to encourage focus on capturing critical data elements	Monthly call agendas will include items for discussion of home visit completion barriers and data entry time frames and data quality	
		Streamlined forms	
		<i>Additional methods and tools will be identified prior to October 1, 2017</i>	
*Baseline Data: August 2015 – July 2016 (to be updated October 1, 2017)			

DISSEMINATION OF SUCCESSFUL CQI ACTIVITIES BEYOND THE ORIGINAL SITE

The multi-tier organizational structure of Missouri's CQI process naturally encourages communication from the local level up to the state level. Local level issues are discussed at Level 1 meetings and Activity Logs from each LIA are sent to Missouri MIECHV Program staff to report on Level 1 (Program) CQI meetings and other activities. Issues which are not resolved satisfactorily at Level 1 meetings are communicated to the Level 2 (Community) Team via Level 1 leadership representation at Level 2 meetings. Communication continues up to the Level 3 (State) CQI Team with leadership representation from Level 2 Team members. Along the way, Level 1 and Level 2 teams are encouraged to communicate needs or issues to Missouri MIECHV Program staff or the CQI coordinator to ask for assistance.

Quality Outlook, the CQI quarterly newsletter, is used to communicate news about the CQI process to CQI Teams. While teams are encouraged to use *Quality Outlook* to plan their meetings, teams are not limited to discussing newsletter items only. *Quality Outlook* is the mechanism that directs the Level 1 CQI meetings toward performance measures and statewide priority focuses that have been identified as requiring attention at the local level. *Quality Outlook* is disseminated approximately one week before Level 1 CQI meetings begin.

- Ongoing elements of *Quality Outlook* may include:
 - Quarterly article regarding performance measures and the annual state priority focus identified by Missouri MIECHV Program staff
 - Action Alerts for improvements based on statewide aggregate performance measures and the annual state priority focus
 - CQI calendar for the quarter
 - Pertinent state and national awareness event information
 - CQI successes and celebrations
 - Statewide CQI meeting minutes link and summary of decisions made at previous quarter's Level 3 meeting
 - Update on new issues for next quarter

In addition to the *Quality Outlook*, Missouri MIECHV Program staff conducts monthly update calls with each LIA. LIAs are reminded about upcoming CQI-related tasks and events and are asked about CQI activities at the local level. Missouri MIECHV Program data team members also participate on these calls to address issues related to data collection, reporting, and analysis. LIAs are invited to initiate contact with program managers via email or phone between monthly calls if needed.

Missouri MIECHV Program staff conducts annual on-site visits with each LIA to monitor program operations, including participation in the CQI process.

The Annual Home Visiting Summit for all LIAs will be hosted in March 2017 and 2018. LIAs will communicate, via a poster session, CQI activities, successes, and lessons learned with other LIAs. As March is the mid-point in the program year, Missouri MIECHV Program staff will share six month data with the LIAs and communicate the progress toward the annual state priority focus.

The *Missouri Home Visiting CQI Handbook* thoroughly communicates the details of the multi-tier CQI meeting process and the development of S.M.A.R.T Aims and PDSA cycle plans. In addition, the handbook describes the roles and responsibilities of individuals who are involved in the Missouri MIECHV Program at the state and local level.

MONITORING AND ASSESSMENT OF PROGRESS

The Missouri MIECHV Program has supported LIAs over the past year in learning to develop S.M.A.R.T. Aims and PDSA cycles to foster improvement in areas of concern identified by a review of program data. An example of monitoring and assessment of progress toward S.M.A.R.T. Aims and PDSA cycles completed by individual LIAs during 2016 is shown in the documentation submitted to Missouri MIECHV Program staff by the LIA (APPENDICES 1-4). When CQI Storyboards, Activity Logs or other tools are submitted, they are reviewed and the Missouri MIECHV Program monitors the relationship between LIA's CQI activities and the state priority focus and provides feedback to the LIAs. Table 9: Previously Completed LIA CQI Projects describes projects that LIAs previously completed. The table shows that some of the Aims lack one or more of the S.M.A.R.T. components. As LIAs engaged in and completed projects, Missouri MIECHV Program staff provided technical assistance and additional resources to assist in the development of more precise S.M.A.R.T. Aims. S.M.A.R.T. Aims for the State Priority Focus in Year 1 contain all of the necessary S.M.A.R.T. components.

During monthly monitoring, technical assistance and data quality calls, Missouri MIECHV Program staff evaluate whether LIAs require additional guidance on planning, implementing, or evaluating their individual CQI activities. Program and data staff are available on these calls to provide assistance.

The Missouri MIECHV Program uses a multi-tiered process to provide opportunity for ideas and solutions to be generated through the collaboration of a broad range of stakeholders at the program, community, and state level. During the Level 2 and Level 3 CQI meetings, Missouri MIECHV Program staff can assess CQI activities being conducted by the LIAs and provide individualized feedback and guidance.

The Missouri MIECHV Program will examine LIAs' progress toward the State Priorities, State and LIA staff commitment to participation in Level 1, 2, and 3 CQI Meetings, and attitudes and suggestions about the CQI process to re-evaluate the Missouri MIECHV CQI Plan for the need for potential updates. The CQI Plan needs to be effective, as well as practical to implement. Feedback from the LIAs will be critical in the re-evaluation and updating of the CQI Plan and State Priority Focus Areas.

Continuous Quality Improvement is a process that requires consistent evaluation to ensure that the systems and strategies in place are achieving the desired effects. CQI is an ongoing cycle that must be monitored to determine, by carefully examining the data, if the changes being tested should be adopted, adapted, or abandoned. The Missouri MIECHV Program staff is committed to the CQI plan to improve the quality and effectiveness of home visiting services and to supporting LIAs as they navigate the CQI process.

Table 9: Previously Completed CQI Projects

Table 9. Previously Completed LIA CQI Projects		
Organization	Topic	S.M.A.R.T. Aim
Malden R-1 School District (Malden-PAT)	Smoking Cessation	Decrease the amount of enrolled clients who are smokers from 21 to 19 beginning May 1, 2016, to December 31, 2016.
Economic Security Corporation EHS-HBO	Nutrition	Improve nutrition literacy and budgeting within MIECHV families by showing improved post-test scores beginning May 1, 2016, and ending July 31, 2016.
South Central Missouri Community Action Agency (SCMCAA-EHS)	Interconception Care and Interbirth Intervals	Over the next three months, discuss and improve understanding and use of Interconception Care and Interbirth Intervals. Measurements will be compared to current REDCap data. Changes that are desired are a rise in birth control use and understanding among the families that are being served and understanding the need of birth spacing.
Southeast Missouri Hospital (SEMO-NFP)	Client Retention	In 2015, improve overall program retention to meet or exceed the national 75 th percentile rate of 79%.
Southeast Missouri Hospital (SEMO-NFP)	Subsequent Pregnancies	Reduce subsequent pregnancies by 10% (37.2 or lower) comparing December 2015 rate with rates between July 2015 and December 2016.
St. Louis MIECHV NFP	PDSA Process	Implement the PDSA process to complement the current Level 1 CQI process over the next 30 days.
Delta Area Economic Opportunity Corporation (DAEOC-EHS)	Well-Child Visits	Increase the number of Well-Child Visits over one month beginning April 25, 2016, ending May 25, 2016, with J.H., Team Leader.
St. Louis Nurses for Newborns	Client Enrollment	Increase client enrollment in MIECHV at a rate of six clients per week from May 1, 2016, through September 30, 2016.

APPENDIX 1: CQI Meeting Activity Log

<i>MIECHV Continuous Quality Improvement Meeting Activity Log Level 1</i>						
Date: 4/19/16						
Program Name (including name of home visiting model): Building Blocks/Nurse Family Partnership of Southeast Missouri						
Location (Program Office and County): Cape Girardeau MO 63703---serving Dunklin and Pemiscot Counties						
Participants: Barbara Gleason RN, Supervisor -- Bobbie Hayes RN, Home Visitor—Cara Johnson RN, Home Visitor—Rebecca Burger RN Home Visitor, Nicki Kraust-Schmitt, Admin assist, Paula Kitchens RN Home Visitor—Teresa Campbell RN, Home Visitor—Theresa Glastetter RN, Home Visitor—Vicki Schnurbusch, RN, Director of Home Care						
AGENDA TOPICS: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Incidents, Accidents, and Client Grievances Program Evaluation Data Improvement Projects Outcome Data </td> <td style="width: 50%; vertical-align: top;"> Staff/Client Satisfaction Safety and Risk Management Past Issues Other </td> </tr> </table>					Incidents, Accidents, and Client Grievances Program Evaluation Data Improvement Projects Outcome Data	Staff/Client Satisfaction Safety and Risk Management Past Issues Other
Incidents, Accidents, and Client Grievances Program Evaluation Data Improvement Projects Outcome Data	Staff/Client Satisfaction Safety and Risk Management Past Issues Other					
Summary of Data to be Reviewed: Review of Quality outlook newsletter (3 rd Quarter 2016) Creation of story board based on 2 goals identified by staff 1) overall program retention 2) 10% reduction in repeat pregnancies by age 24 months of index child.						
Issues/Concerns	Next Steps?	By Whom	Due Date	Desired Outcome		
Organizational goals: <ul style="list-style-type: none"> Goals are reviewed quarterly Discussed on conference calls with state and NFP consultant Ongoing team meeting 						

APPENDIX 2: CQI Storyboard

CQI STORYBOARD		
Agency: Building Blocks/NFP of Southeast Missouri		Address: 10 Doctors Park Cape Girardeau MO 63703
Contact Person: Barb Gleason	Contact Email: bgleason@sehealth.org	Date Submitted: 4/19/16
1. AIM STATEMENT	2. PLAN	3. DO
<p>The team identified 2 areas of improvement from 2015 data:</p> <ol style="list-style-type: none"> 1) Overall program retention to meet or exceed national 75th percentile rate of 79% 2) Reduce sub sequential pregnancies by 10% (37.2 or lower) comparing Dec 2015 rate with rates between July-Dec 2016. <p>team leader: Barb Gleason Supervisor</p>	<p>Staff ranked 1-3 the most important changes they would like to see in 2016 concluding with the 2 identified goals. Brain storming team meetings were designated for staff to come up with ideas for improving overall program retention and reducing subsequent pregnancies</p>	<p>Goal 1)</p> <ol style="list-style-type: none"> A) Team identified the need for information packets to give to clients who are unsure about committing to the length and intensity of the program allowing for enrollment to occur on the 2nd home visit. B) Team identified the need for more baby/mom focused activities to keep client engaged. <p>Goal 2)</p> <p>Team identified the need to increase education between 12-18m to help reduce 24 month repeat pregnancy. 12 and 18m ETO reports show a significant increase in repeat pregnancy rates with 47.2% having a second pregnancy by 24m.</p>
4. STUDY	5. ACT	6. FUTURE CQI
<p>NPF data collects retention rates and subsequent pregnancy rates at 6, 12, 18 and 24 months. Monthly dashboard reports will be monitored for the previous 12 month trends as well as comparison to quarterly reports.</p>	<p>Goal 1) retention</p> <ol style="list-style-type: none"> A) Create information pages for staff to review B) Allow staff input on information pages C) Create "information packets" containing staff approved information and program brochures D) Create a best practice in regards to use of information packets. E) Purchase additional PIPE materials (Partners in Parenting education) so that all staff has a set of activity cards and additional handouts. F) Set aside team meeting times for staff to share favorite use of PIPE concepts and explore how to effectively use new/different activities with clients G) Engage new staff with fresh education from one-one training at NFP NSO to share their take from PIPE education. <p>Goal 2) subsequent pregnancy</p> <ol style="list-style-type: none"> A) Purchase birth control kits B) Set aside team meeting time to review kits and discuss effective uses. 	<p>Goal 1) retention</p> <ol style="list-style-type: none"> A) Have information packets in place by May 2016 B) Review monthly and quarterly retention numbers C) Review at next CQI new quarterly numbers and compare <p>Goal 2) sub sequential pregnancies</p> <ol style="list-style-type: none"> A) Have birth control kits purchased by April of 2016 B) Pre and posttest on staff comfort/confidence level teaching about different birth control options C) Discuss in May's team meeting how staff feels using new kits D) Discuss other options related to education and timing of education to help meet goal of 10% decrease by end of 2016

APPENDIX 3: CQI Project Plan

MIECHV Gateway CQI PROJECT PLAN

STAGE 1: PLAN • **STAGE 2: DO** • **STAGE 3: STUDY** • **STAGE 4: ACT**

Project Title: Increase client enrollment in MIECHV Project Project Start Date: 05/01/16 Project End (or expected end) Date (mm/dd/yyyy): 09/30/16 County: St. Louis City	Reporter's Agency: Select One Reporter's Name: Angela R Reporter's Title: Director of Research and Quality Reporter's Phone:
--	--

STAGE 1: PLAN

Define, explore, and structure a quality improvement project.

HELPFUL TOOLS: 3 Keys to CQI Success, 7 Basic Tools of Quality Management, Affinity Diagram, Aims Tool, Benchmarking, Critical to Quality, Data Collection, Driver Diagram, Kano Analysis, Plan-Do-Study Act, Process Capability, Process Mapping, Program Assessment, Program Evaluation, Red/Green Charts, Sampling, Six Sigma Project Evaluator, Spaghetti Diagram, Value Stream Mapping, Voice of Process/Voice of Customer ([MIECHV Gateway Site](#))

1. What problem are you trying to fix (PROBLEM STATEMENT)? **Despite hundreds of St. Louis City based clients, we have not been successful at meeting our enrollment goal of 50 clients in the MIECHV project.**
2. What is the root cause of the problem? **Identification and enrollment of clients has been left to home visitor self management. After discussion with these home visitors, it has become clear that their understanding of "eligible" clients was limiting the cases they thought they could enroll. In addition, other misconceptions have lead to potential mis-explanation of program participation (e.g. that it is more work for the client than "normal") and then client refusal to participate.**
3. What evidence (current data) supports your problem? **Home visitor feedback during review of each case indicating they had considered the case ineligible or the case had refused participation.**
4. What change do you want to see in the process or problem to correct (GLOBAL AIM STATEMENT)? **An increase of program enrollment at a rate of 6 clients per week.**
5. What are you trying to achieve (SPECIFIC AIM)? **Our goal is to be at full capacity for MIECHV (a standing list of 50 or more clients) by mid-June 2016.**
6. Define a timeline for the following project stages: Plan: **April 25-29** Do: **May 1-May 15** Study: **May 16** Act: **May 17-June 10**
 Select the affected population(s) (check all that apply): ☒ Client/Consumers ☒ Employee/Agency ☐ General Public
☐ Other:
7. Select the areas where this project aims to impact the goals and strategic priorities of the MIECHV program and agency:

Impact Area	MIECHV Program	Select One
Access to Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>
Communication & Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compliance	<input type="checkbox"/>	<input type="checkbox"/>
Customer Service/Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>
Employee Communication & Collaboration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employee Engagement/Satisfaction	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employee Productivity	<input type="checkbox"/>	<input type="checkbox"/>
External Stakeholders/Agency Engagement and/or Collaboration	<input type="checkbox"/>	<input type="checkbox"/>
Facilities	<input type="checkbox"/>	<input type="checkbox"/>
Financial	<input type="checkbox"/>	<input type="checkbox"/>
Health Outcomes/Behaviors	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX 3: (Continued): CQI Project Plan

Information Technology	<input type="checkbox"/>	<input type="checkbox"/>
Public Perception	<input type="checkbox"/>	<input type="checkbox"/>
Use of Resources	<input type="checkbox"/>	<input type="checkbox"/>
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Do you have the resources to fix the issue? ☒ Yes ☐ No

9. What resources (new & existing) will you require and how will you acquire them? **Electronic medical record (to identify eligibility), community health worker (to support enrollment paperwork completion), nurse manager case review (to serve as secondary review of eligible clients).**

10. Does the project aim align with MIECHV goals? ☒ Yes ☐ No

11. Does the project aim align with your agency's strategic goals? ☒ Yes ☐ No

12. List the members of the CQI project team:

Name	Role
Ron T	Project Leader
Angela R	Facilitator/Advisor
Enisa P	Project Leader
Carrie J	Project Member
Mary W	Project Member
Christine G	Project Member
Cynthia Y	Project Member

13. Incorporating the information gathered throughout the planning process, describe the action plan: **As of May 1, the following actions will be piloted: (a) Nurses will enroll all clients who live in St. Louis city, have had fewer than 3 visits and have indicated a wish for more than 1 visit. (b) Clients who refuse enrollment will have the refusal documented in the medical record to allow nurse management to review and identify trends. (c) For clients who indicate they are only interested in program participation as a means to "get stuff", nurse will discuss their needs and the NFN philosophy that the agency will aid with emergent needs, but that the overall goal is to help the client find a place of self sustainability. (d) For cases already visited who are eligible, the nurse will call the client and offer participation in MIECHV. If the client agrees, the nurse will ask the community health worker (Enisa) to contact the client and complete enrollment packet (rather than waiting a full month until the next nurse visit). (e) For first visit clients that the nurse has identified as eligible, the nurse will offer enrollment in the MIECHV program. If accepted the nurse may complete the enrollment packet at that time, or ask Enisa to schedule an enrollment visit with the client (as first visits tend to last an hour already and adding more paperwork could be overwhelming for new clients). (f) During weekly nurse manager case review, the nurse managers will review potential MIECHV enrollees who have not yet been enrolled. If the client does not appear to have had MIECHV offered, the nurse manager will contact the nurse and ask her to contact the client (visit or phone) to offer enrollment.**

14. Begin constructing a [CQI Storyboard](#). Date started:

STAGE 2: DO

Develop and structure the new change/process to all areas for improvement.

HELPFUL TOOLS: 5S, 7 Basic Tools of Quality Management, Benchmarking, Change Implementation, Communication 101, Data Collection, Heijunka, Kano Analysis, Pilot Testing, Plan-Do-Study-Act, Process Mapping, Program Assessment, Program Evaluation, Red/Green Charts, Sampling, Takt Time, Value Stream Mapping, Voice of Process/Voice of Customer ([MIECHV Gateway Site](#))

15. Who will implement the change? **All project members and nurse managers**

16. How and to whom do you plan to implement the change and how will this be communicated? **MIECHV staff, all staff members are part of the team and have agreed to the changes.**

17. Will you conduct a pilot study prior to full-scale implementation? ☒ Yes ☐ No

18. How will you track and measure change (describe data measurement systems)? **We will review cases to identify the number eligible for MIECHV and compare to the number actually enrolled.**

19. How will you spread and maintain the new process/change? **Via the nurse manager case review**

20. Incorporating the information gathered throughout the implementation process, describe the implementation plan: **See plan above.**

APPENDIX 3: (Continued): CQI Project Plan

STAGE 3: STUDY	
<p><i>Develop and define the plan for evaluating the quality improvement project.</i></p> <p>HELPFUL TOOLS: 7 Basic Tools of Quality Management, Benchmarking, Data Collection, Leading & Lagging Indicators, Measurement System Analysis, Measurement Tools, Plan-Do-Study-Act, Process Capability, Process Mapping, Program Evaluation, Sampling, Takt Time, Value Stream Mapping (MIECHV Gateway Site)</p>	
21. How will you monitor progress and how often?	Through enrolled vs. eligible review completed on a weekly basis
22. Define how you will check and verify accuracy of the results:	Using the MIECHV tracking spreadsheet.
23. Who will be responsible for maintaining the change?	MIECHV staff
24. How often will you review the process for needed improvements?	Weekly
25. How will you address any new areas for improvement?	To be determined post pilot.
26. Incorporating the information gathered throughout the evaluation process, describe the evaluation plan:	During weekly case review, the nurse managers will identify and log the cases eligible for MIECHV and send to the Director of Research and Quality (DORQ). The DORQ will then compare the list to enrolled cases over the course of 3 weeks (to allow for visit scheduling and enrollment packet completion). At the end of the time frame, the DORQ will report the percentage of eligible clients that were successfully enrolled. This measure will be reviewed by MIECHV and nurse management staff on a weekly basis and in conjunction with overall MIECHV enrolled totals- via emailed communication by the DORQ.
STAGE 4: ACT	
<p><i>Finalize the documentation of the quality improvement project and plan for future projects.</i></p> <p>HELPFUL TOOLS: Communication 101, Culture of Quality, Plan-Do-Study-Act, (MIECHV Gateway Site)</p>	
27. Share the status and results of the project with team members/leadership/stakeholders.	Date completed (mm/dd/yyyy):
28. Discuss the future of this project/change (i.e. future projects, varying approaches, etc.).	
29. Update the organizational process map to reflect the change(s).	Date completed (mm/dd/yyyy): <input checked="" type="checkbox"/> Not Applicable
30. Update organizational policies and procedures to reflect the change(s).	Date completed (mm/dd/yyyy): <input checked="" type="checkbox"/> Not Applicable
31. Finalize the CQI Storyboard and submit in the MIECHV Gateway (LINK).	Date submitted (mm/dd/yyyy):

Notes:

APPENDIX 4: CQI Storyboard 2

CQI STORYBOARD		
Agency: DAEOC-EHS	Address: 315 East Broadway Hayti, Mo 63851	
Contact Person: Edna Earl	Contact Email: earl@daeoec.com	Date Submitted: 4-27-2016
1. AIM STATEMENT	2. PLAN	3. DO
Increase the number of Well-Child Visits over one month beginning April 25, 2016, ending May 25, 2016, with Jacalyn Hargett team leader.	The Health/Special Needs Assistant will print the EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Report to help determine the number of children that are in need of Well-Child Visits. The home visitors will make sure each client makes appointment with the Pediatrician before leaving the home and is given a Health Physical Examination Form to be used by doctor and collected and stored in child's file as proof of documentation. Each home visitor will make necessary arrangements for transportation if needed.	Each home visitor will call or text client on day before to remind of appointment. Once the appointment has been completed, each home visitor will collect the Physical Examination forms, in order to track the visits. The health/Special Needs Assistant will enter all data in COPA and print report.
4. STUDY	5. ACT	6. FUTURE CQI
<hr/>		
The team leader and supervisor will begin to analyze the data on May 23, 2016.	No data yet. After analyzing the data, we will determine if the plan need to be re-evaluated.	Discuss the possibility of purchasing an inexpensive planner or calendar for the clients to track their visits or get creative and make colorful, magnetic appointment cards to display on the refrigerator as a reminder. Also, encourage clients to schedule appointments with family doctors and nurse practitioners as well.

ACKNOWLEDGEMENT:

The Continuous Quality Improvement (CQI) process for Missouri's Home Visiting program is tailored after the Missouri Department of Social Services' CQI model. The Home Visiting Unit at the Missouri Department of Health and Senior Services will work in partnership to lead collaboration between Level 1, Level 2, and Level 3 CQI activities.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number X10MC29485—Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program in the amount of \$3,988,612 with 0% financed with nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.